

Form **H-100**  
(9-4-98)U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR  
NEW YORK CITY**NEW YORK CITY HOUSING AND VACANCY  
SURVEY QUESTIONNAIRE  
1999****NOTICE** – Your answers will be held in strict confidence and will be seen only by sworn Census employees and used only for statistical purposes.**A. NAME** | **CODE****B. DATE OF INTERVIEW**  
| | **99****C. RECORD OF VISITS**

Date	Time	Remarks
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	

*Fill items D through J by observing the condition of the building containing the sample unit as you approach it and walk inside. – Mark (X) all that apply in D through G.***D. EXTERNAL WALLS**

- 001** ☐ Missing bricks, siding, or other outside wall material  
**002** ☐ Sloping or bulging outside walls  
**003** ☐ Major cracks in outside walls  
**004** ☐ Loose or hanging cornice, roofing, or other material  
**005** ☐ None of these problems with walls  
**006** ☐ Unable to observe walls

**E. WINDOWS**

- 007** ☐ Broken or missing windows  
**008** ☐ Rotted/loose window frames/sashes  
**009** ☐ Boarded-up windows  
**010** ☐ None of these problems with windows  
**011** ☐ Unable to observe windows

**F. STAIRWAYS (exterior and interior)**

- 012** ☐ Loose, broken, or missing stair railings  
**013** ☐ Loose, broken, or missing steps  
**014** ☐ None of these problems with stairways  
**015** ☐ No interior steps or stairways  
**016** ☐ No exterior steps or stairways  
**035** ☐ Unable to observe stairways

**G. FLOORS**

- 017** ☐ Sagging or sloping floors  
**018** ☐ Slanted or shifted doorsills or door frames  
**019** ☐ Deep wear in floors causing depressions  
**020** ☐ Holes or missing flooring  
**021** ☐ None of these problems with floors  
**022** ☐ Unable to observe floors

**H. CONDITION**

- 023** ☐ Dilapidated – *Go to I*  
☐ Not dilapidated –  
     → If not dilapidated  
         2 ☐ Sound  
         3 ☐ Deteriorating

**I. Are there any buildings with broken or boarded-up windows on this street? – Include sample unit building**

- 024** 1 ☐ Yes 2 ☐ No

**J. WHEELCHAIR ACCESSIBILITY****1. Street entry and inner lobby entry (width 32")**

- 036** 1 ☐ Accessible 3 ☐ Unable to observe building entrance  
 2 ☐ Inaccessible

**2. Elevator (door width 36", cab depth 51")**

- 037** 1 ☐ Accessible 3 ☐ Unable to observe elevator  
 2 ☐ Inaccessible 4 ☐ No elevator

**3. Residential unit entrance (width 32")**

- 038** 1 ☐ Accessible 3 ☐ Unable to observe residential unit entrance  
 2 ☐ Inaccessible

**K. OCCUPANCY STATUS**

- 025** 1 ☐ Occupied 2 ☐ Vacant

**L. RESPONDENT**

Name

Occupied unit – *Go to M*Vacant unit – *Mark (X) one* ✓

- 030** 1 ☐ Superintendent  
 2 ☐ Rental office/agent  
 3 ☐ Real estate agent/broker  
 4 ☐ Owner  
 5 ☐ Other – *Specify* ✓
- SKIP to question 58 on page 20*

*Ask –***M. How many people live or stay here?***Include anyone without a usual home elsewhere.*

- 032**  – *SKIP to question 1 on page 2.*

*Always mark (X) one box. If an interview is not taken, explain why in the "Notes" area on page 22.***N. SAMPLE UNIT**

- 033** 01 ☐ Questionnaire complete

Questionnaire not complete

- 02 ☐ Refused  
 03 ☐ No one home  
 04 ☐ Temporarily absent – 1 month or longer  
 05 ☐ Other – *Explain in "Notes" area on page 22*  
 06 ☐ Demolished  
 07 ☐ Condemned  
 08 ☐ Nonresidential  
 09 ☐ Merged with another unit – *Give address below* ✓

- 10 ☐ Unit damaged by fire  
 11 ☐ Building boarded up  
 12 ☐ List procedure applied  
 13 ☐ No such address (house number/street)  
 14 ☐ Other – *Explain in "Notes" area on page 22*

*Complete after an occupied unit interview.***O. FORM TYPE**

- 034** 1 ☐ One form only 2 ☐ First of two forms

**OFFICE USE ONLY**

<b>026</b>	TS	<b>027</b>	A	<b>028</b>	B

Place a check mark ( ✓ ) in ☐ beside the respondent.

**1. HOUSEHOLD ROSTER**

**a. What are the names of all persons living or staying here? Start with the ADULT who owns or rents this apartment (house).** (Enter that name on line 1 below.)

- Include anyone staying here with no other home
- Include anyone who usually lives here but is temporarily away traveling or at school
- Include lodgers, boarders, babies, etc.

**b. Is . . . male or female?**

**c. How old is . . . ?** (Enter whole years ONLY.)

01 ☐ **PERSON 1 – Reference Person** (owner/renter)

**a. Last name**

First name	<b>b. Sex</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>c. Age</b> -- -- 
------------	---	----------------------------

02 ☐ **PERSON 2**

**a. Last name**

First name	<b>b. Sex</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>c. Age</b> -- -- 
------------	---	----------------------------

03 ☐ **PERSON 3**

**a. Last name**

First name	<b>b. Sex</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>c. Age</b> -- -- 
------------	---	----------------------------

04 ☐ **PERSON 4**

**a. Last name**

First name	<b>b. Sex</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>c. Age</b> -- -- 
------------	---	----------------------------

05 ☐ **PERSON 5**

**a. Last name**

First name	<b>b. Sex</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>c. Age</b> -- -- 
------------	---	----------------------------

06 ☐ **PERSON 6**

**a. Last name**

First name	<b>b. Sex</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>c. Age</b> -- -- 
------------	---	----------------------------

07 ☐ **PERSON 7**

**a. Last name**

First name	<b>b. Sex</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>c. Age</b> -- -- 
------------	---	----------------------------

08 ☐ **PERSON 8**

**a. Last name**

First name	<b>b. Sex</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>c. Age</b> -- -- 
------------	---	----------------------------

*Use continuation form for additional persons.*

# Section I – OCCUPIED UNITS

<b>d. How is . . . related to . . .</b> <i>(reference person) (person on Line 1)?</i>  <i>Show Flashcard I and enter the appropriate code in the box below.</i>	<b>e. Is . . . of Spanish or Hispanic origin?</b>  <i>(If Yes, read the categories and mark the appropriate box, otherwise mark "No.")</i>	<b>f. What is . . . 's race?</b>  <i>Show Flashcard II and enter the appropriate code in the box below.</i>	<b>These next two questions may seem like ones I asked before, but I must ask them to double check.</b>	
			<b>g. Does . . . have a spouse or unmarried partner in the household?</b>  <i>(Don't ask for persons under 15)</i>	<b>h. Does . . . have a parent in the household?</b>
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; text-align: center; line-height: 30px;"><b>R</b></div> Reference person	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican, Mexican-American, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<i>If yes, enter person number of spouse or partner; otherwise mark "No."</i>  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	<i>If yes, enter person number(s) of parent(s); otherwise mark "No."</i>  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican, Mexican-American, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<i>If yes, enter person number of spouse or partner; otherwise mark "No."</i>  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	<i>If yes, enter person number(s) of parent(s); otherwise mark "No."</i>  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican, Mexican-American, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<i>If yes, enter person number of spouse or partner; otherwise mark "No."</i>  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	<i>If yes, enter person number(s) of parent(s); otherwise mark "No."</i>  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican, Mexican-American, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<i>If yes, enter person number of spouse or partner; otherwise mark "No."</i>  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	<i>If yes, enter person number(s) of parent(s); otherwise mark "No."</i>  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican, Mexican-American, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<i>If yes, enter person number of spouse or partner; otherwise mark "No."</i>  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	<i>If yes, enter person number(s) of parent(s); otherwise mark "No."</i>  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican, Mexican-American, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<i>If yes, enter person number of spouse or partner; otherwise mark "No."</i>  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	<i>If yes, enter person number(s) of parent(s); otherwise mark "No."</i>  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican, Mexican-American, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<i>If yes, enter person number of spouse or partner; otherwise mark "No."</i>  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	<i>If yes, enter person number(s) of parent(s); otherwise mark "No."</i>  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican, Mexican-American, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<i>If yes, enter person number of spouse or partner; otherwise mark "No."</i>  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	<i>If yes, enter person number(s) of parent(s); otherwise mark "No."</i>  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> <input type="checkbox"/> No

# Section I – OCCUPIED UNITS – Continued

**2a. Is there anyone now living in this apartment (house) that came here within the past five years from a homeless situation such as a shelter, transitional center or hotel?**

- 050 1 ☐ Yes – Go to 2b  
2 ☐ No – SKIP to 3

**b. Who are they?** (Fill in the persons who answered "yes" to 2a above)  
Refer to the roster, page 2, and enter the person number(s) starting in box 055.

055	056	057	058	059	060
1	1	1	1	1	1
2	2	2	2	2	2
061	062	063	064	065	066
1	1	1	1	1	1
2	2	2	2	2	2

**c. Was . . . in the homeless situation mainly because he/she could not afford his/her own apartment (house) or mainly for other reasons?**

Affordability – Circle "1" next to person number in 2b.  
Other reason – Circle "2" next to person number in 2b.

The following questions (3 through 11c) refer to the reference person (the person listed on line 1).

**3. Where was the most recent place . . . (reference person) lived for six months or more before moving into this apartment (house)?**

(Show Flashcard III to respondent and have him/her select an answer; then mark (X) the appropriate box.)

**NOTE** – If the respondent indicates that the reference person lived in the SAME borough that he/she currently lives in, DON'T mark any of boxes 04–08; mark (X) either box 01, 02, or 03. Also, don't mark (X) box 01 unless you are certain. Many people may feel as though they lived in a unit forever, but it's rare. The reference person had to live there since birth. Be sure to probe.

IN NEW YORK CITY, SAME BOROUGH

- 051 01 ☐ Always lived in this unit  
02 ☐ Other unit in same building  
03 ☐ Same borough but another building

IN NEW YORK CITY, OTHER BOROUGH

- 04 ☐ Bronx  
05 ☐ Brooklyn  
06 ☐ Manhattan  
07 ☐ Queens  
08 ☐ Staten Island

OUTSIDE OF NEW YORK CITY

- 09 ☐ NY, NJ, Connecticut  
10 ☐ Other State  
11 ☐ Puerto Rico  
12 ☐ Dominican Republic  
13 ☐ Caribbean (other than Puerto Rico or Dominican Republic)  
14 ☐ Mexico  
15 ☐ Central America, South America  
16 ☐ Europe  
17 ☐ Russia/Successor States to Soviet Union (Ukraine, Georgia, etc.)  
18 ☐ China, Hong Kong, Taiwan  
19 ☐ Korea  
20 ☐ India  
21 ☐ Pakistan, Bangladesh  
22 ☐ Philippines  
23 ☐ Southeast Asia (Burma, Cambodia, Laos, Malaysia, Singapore, Thailand, Vietnam)  
24 ☐ Other Asia  
25 ☐ Africa  
26 ☐ All other countries – Specify

**4a. In what year did . . . (reference person) move into this apartment (house)?**

Enter last two digits of year.

Year  
052 1 9   If 1971 – Ask 4b  
If any other year – SKIP to 5

**b. Ask only if reference person moved here in 1971 Did . . . (reference person) move here on or after July 1, 1971?**

- 053 1 ☐ Yes, on or after July 1 in 1971  
2 ☐ No, before July 1 in 1971

**5. Are you the first occupant(s) of this apartment (house) since its construction, gut rehabilitation, or creation through conversion?**

- 054 1 ☐ Yes, first occupancy  
2 ☐ No, previously occupied  
3 ☐ Don't know

**CHECK  
ITEM A**

REFER TO QUESTION 4a ABOVE

- ☐ Moved here 1996 or later – GO to question 6 on page 4  
☐ Moved here 1995 or earlier – SKIP to question 7 on page 5

**Section I – OCCUPIED UNITS – Continued**

**6. What is the main reason . . . (reference person) moved from his/her previous residence?**

Mark (X) ONLY one box.

**EMPLOYMENT**

110

- 01 ☐ Job transfer/new job
- 02 ☐ Retirement
- 03 ☐ Looking for work
- 04 ☐ Commuting reasons
- 05 ☐ To attend school
- 06 ☐ Other financial/employment reason

**FAMILY**

- 07 ☐ Needed larger house or apartment
- 08 ☐ Widowed
- 09 ☐ Separated/divorced
- 10 ☐ Newly married
- 11 ☐ Moved to be with or closer to relatives
- 12 ☐ Family decreased (except widowed/separated/divorced)
- 13 ☐ Wanted to establish separate household
- 14 ☐ Other family reason

**NEIGHBORHOOD**

- 15 ☐ Neighborhood overcrowded
- 16 ☐ Change in racial or ethnic composition of neighborhood
- 17 ☐ Wanted this neighborhood/better neighborhood services
- 18 ☐ Crime or safety concerns
- 19 ☐ Other neighborhood reason

**HOUSING**

- 20 ☐ Wanted to own residence
- 21 ☐ Wanted to rent residence
- 22 ☐ Wanted less expensive residence/difficulty paying rent or mortgage
- 23 ☐ Wanted better quality residence
- 24 ☐ Evicted
- 25 ☐ Poor building condition/services
- 26 ☐ Harassment by landlord
- 27 ☐ Needed housing accessible for persons with mobility impairments
- 28 ☐ Other housing reason

**OTHER**

- 29 ☐ Displaced by urban renewal, highway construction, or other public activity
- 30 ☐ Displaced by private action (other than eviction)
- 31 ☐ Schools
- 32 ☐ Natural disaster/fire
- 33 ☐ Any other – *Specify* \_\_\_\_\_

Notes

## Section I – OCCUPIED UNITS – Continued

<b>7. Place of birth</b> <b>Where was —————→</b>	<b>a. . . .</b> <i>(reference person) born?</i>	<b>b. . . .’s</b> <i>(reference person’s) father born?</i>	<b>c. . . .’s</b> <i>(reference person’s) mother born?</i>
09. New York City . . . . .	111 09 <input type="checkbox"/>	112 09 <input type="checkbox"/>	113 09 <input type="checkbox"/>
10. U.S., Outside New York City . . . . .	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Puerto Rico . . . . .	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Dominican Republic . . . . .	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. Caribbean (other than Puerto Rico or Dominican Republic) . . . . .	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
14. Mexico . . . . .	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>
25. Central America, South America . . . . .	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>
15. Europe . . . . .	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>
16. Russia/Successor States to Soviet Union (Ukraine, Georgia, etc.) . . . . .	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>
17. China, Hong Kong, Taiwan . . . . .	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>
18. Korea . . . . .	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>
19. India . . . . .	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>
26. Pakistan, Bangladesh . . . . .	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>
20. Philippines . . . . .	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>
21. Southeast Asia (Burma, Cambodia, Laos, Malaysia, Singapore, Thailand, Vietnam) . . . . .	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>
22. Other Asia . . . . .	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>
23. Africa . . . . .	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>
24. All other countries . . . . .	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>
<i>(SHOW Flashcard III to respondent. Categories 11-24 on Flashcard III match exactly as shown above. Mark (X) box 09 above for categories 01-08 on Flashcard III. Mark (X) box 10 above for categories 09 and 10 on Flashcard III.)</i>			
<b>8. Is this apartment (house) part of a condominium or cooperative building or development?</b>  <i>A condominium is a building or development individually owned apartments or houses having commonly owned areas and grounds. A cooperative or "co-op" is a building or development that is owned by its shareholders.</i>	<b>114</b> 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, a condominium 3 <input type="checkbox"/> Yes, a cooperative 4 <input type="checkbox"/> Don't know		
<b>9a. Is this apartment (house) owned or being bought by . . . (reference person) or someone else in this household?</b>	<b>115</b> 1 <input type="checkbox"/> Yes, owned or being bought – <i>SKIP to 11a</i> 0 <input type="checkbox"/> No – <i>GO to 9b</i>		
<b>b. Does . . . (reference person) or someone else in this household own cooperative shares for this apartment (house)?</b>	<b>129</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 11a</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } <i>GO to 9c</i>		
<b>c. Does . . . (reference person) pay cash rent for this apartment (house) or does he/she occupy it rent free?</b>	<b>116</b> 2 <input type="checkbox"/> Pay cash rent – <i>GO to Check Item B</i> 3 <input type="checkbox"/> Occupy rent free – <i>SKIP to 20</i>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 15%; background-color: black; color: white; padding: 5px; font-weight: bold;">CHECK ITEM B</div> <div style="width: 85%;">                     REFER TO QUESTION 8 ABOVE  <div style="display: flex; align-items: center;"> <input type="checkbox"/> Condominium (box 2 marked)                         <div style="margin-left: 10px;">} <i>GO to 10a</i></div> </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Cooperative (box 3 marked)                         <div style="margin-left: 10px;">} <i>GO to 10a</i></div> </div> <input type="checkbox"/> All other renter occupied (box 1 or 4 marked) – <i>SKIP to 20</i> </div> </div>			
<b>10a. Did . . . (reference person) live here and pay cash rent at the time this building became a condominium or cooperative?</b>	<b>117</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know		
<b>b. When this apartment (house) became a condominium or cooperative was it done through a non-eviction plan?</b>  <i>Under a non-eviction plan, tenants can NOT be evicted for NOT buying their unit.</i>	<b>118</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } <i>SKIP to 20</i>		

**Section I – OCCUPIED UNITS – Continued**

**11a. In what year did . . . (reference person) acquire this apartment (house)?**

Enter last two digits of year.

119

Year

1 9

**b. Before . . . (reference person) acquired this apartment (house) was it owned and occupied by another household, rented by . . . (reference person), rented by another household, or never previously occupied?**

120

- 1 ☐ Owned and occupied by another household  
 2 ☐ Rented by reference person  
 3 ☐ Rented by another household  
 4 ☐ Never previously occupied  
 5 ☐ Don't know

**c. Before . . . (reference person) acquired this apartment (house) was it part of a condominium or cooperative building or development?**

121

- 1 ☐ Yes  
 2 ☐ No  
 3 ☐ Don't know

**CHECK  
ITEM C**

REFER TO QUESTION 11a ABOVE

- ☐ Acquired 1994 or later – GO to 12a  
☐ Acquired 1993 or earlier – SKIP to 13

**12a. What was the purchase price for this apartment (house)?**

122

\$ .00

123

0 ☐ Don't know

**b. What was the down payment for this apartment (house)?**

124

\$ .00

125

0 ☐ Don't know

**13. What is the value of this apartment (house), that is, in your opinion, how much would it currently sell for if it were on the market?**

126

\$ .00

**14. Is there a mortgage, home equity loan, or similar loan on this apartment (house) or is this apartment (house) owned free and clear?**

127

- 1 ☐ Mortgage, home equity, or similar loan  
 2 ☐ Owned free and clear – SKIP to Check Item D

**15. What are the current monthly mortgage or loan payments? Include payments on first, second, home equity loan, and any other mortgages.**

128

\$ .00 Per month

**CHECK  
ITEM D**

REFER TO QUESTION 8 ON PAGE 5

- ☐ Condominium (box 2 marked) }  
☐ Cooperative (box 3 marked) } GO to 16  
☐ All other owner occupied (box 1 or 4 marked) – SKIP to 18a

**16. What are the monthly condominium or co-op maintenance fees for this apartment (house)? Exclude payments for any mortgages (loans) on this unit.**

130

\$ .00

**CHECK  
ITEM E**

REFER TO QUESTION 1c ON PAGE 2 FOR EACH PERSON

- ☐ With any household member age 62 or over – GO to 17  
☐ No household member age 62 or over – SKIP to 18a

**17. Is any household member receiving a Senior Citizen Carrying Charge Increase Exemption?**

140

- 1 ☐ Yes  
 2 ☐ No  
 3 ☐ Don't know

**18a. Is the fire and liability insurance premium for this apartment (house) paid separately?**

(Separately means not included in the mortgage or loan payment or the condominium or co-op maintenance fee.)

141

- 1 ☐ Yes –GO to 18b  
 2 ☐ No, included in mortgage or loan payment – SKIP to 18c  
 3 ☐ No insurance – SKIP to 19a

**b. What was the cost of fire and liability insurance for 1998?**

142

\$ .00

**c. Does the fire and liability insurance for this apartment (house) also cover personal possessions?**

143

- 1 ☐ Yes  
 2 ☐ No  
 3 ☐ Don't know

**Section I – OCCUPIED UNITS – Continued**

**19a. Are the real estate taxes for this apartment (house) paid separately?**

*(Separately means not included in the mortgage or loan payment or the condominium or co-op maintenance fee.)*

144

- 1 ☐ Yes – GO to 19b  
 2 ☐ No, included in mortgage or loan payment  
 3 ☐ No, included in condominium or maintenance fee

} SKIP to 20

**b. What were the real estate taxes for 1998?**

145

\$ \_\_\_\_\_ . 00

**NOTE** – Questions 20–22a, 23a and 23b pertain to the building. Be certain to mark (X) the same box in each question for all forms within the same building.

**20. How many units are in this building?**

*If the respondent doesn't know, canvass the building and count the units.*

146

- 01 ☐ 1 unit without business  
 02 ☐ 1 unit with business  
 03 ☐ 2 units without business  
 04 ☐ 2 units with business  
 05 ☐ 3 units  
 06 ☐ 4 or 5 units  
 07 ☐ 6 to 9 units  
 08 ☐ 10 to 12 units  
 09 ☐ 13 to 19 units  
 10 ☐ 20 to 49 units  
 11 ☐ 50 to 99 units  
 12 ☐ 100 to 199 units  
 13 ☐ 200 or more units

*If owner occupied, mark "Yes" without asking.*

**21. Does the owner of this building live in this building?**

147

- 1 ☐ Yes  
 2 ☐ No  
 3 ☐ Don't know

**22a. How many stories are in this building?**

*Count the basement if there are people living in it.*


148

- 01 ☐ One – SKIP to 23c  
 02 ☐ Two  
 03 ☐ Three  
 04 ☐ Four  
 05 ☐ Five  
 06 ☐ Six to ten  
 07 ☐ 11 to 20  
 08 ☐ 21 to 40  
 09 ☐ 41 or more

**b. On what floor is this unit?**

*Enter the 2-digit floor number or mark (X) box "0" if basement unit. Enter the lowest floor number if on more than one floor.*

172

0 ☐ Basement  
 Floor

**23a. Is there a passenger elevator in this building?**

149

- 1 ☐ Yes  
 2 ☐ No – SKIP to 23c

**b. Is it possible to go from the sidewalk to a passenger elevator without going up or down any steps or stairs?**

173

- 1 ☐ Yes  
 2 ☐ No  
 3 ☐ Don't know

**c. Is it possible to go from the sidewalk to this unit without going up or down any steps or stairs?**

171

- 1 ☐ Yes  
 2 ☐ No  
 3 ☐ Don't know

**24a. How many rooms are in this apartment (house)? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.**

150

- 1 ☐ One – SKIP to 25a  
 2 ☐ Two  
 3 ☐ Three  
 4 ☐ Four  
 5 ☐ Five  
 6 ☐ Six  
 7 ☐ Seven  
 8 ☐ Eight or more

**b. Of these rooms, how many are bedrooms?**

151

- 01 ☐ None  
 02 ☐ One  
 03 ☐ Two  
 04 ☐ Three  
 05 ☐ Four  
 06 ☐ Five  
 07 ☐ Six  
 08 ☐ Seven  
 09 ☐ Eight or more

**Section I – OCCUPIED UNITS – Continued**

<b>25a. Does this apartment (house) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">152</div> <div style="display: inline-block; width: 90%;"> <input type="checkbox"/> Yes, has complete plumbing facilities – <i>Go to 25b</i>  <input type="checkbox"/> No, has some but not all facilities in this apartment (house) – <i>SKIP to 25c</i>  <input type="checkbox"/> No plumbing facilities in this apartment (house) – <i>SKIP to 26a</i> </div>
<b>b. Are these facilities for the exclusive use of this household or are they also for use by another household?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">153</div> <div style="display: inline-block; width: 90%;"> <input type="checkbox"/> For the exclusive use of this household  <input type="checkbox"/> Also for use by another household         </div>
<b>c. Was there any time in the last three months when all the toilets in this apartment (house) were not working for six consecutive hours?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">154</div> <div style="display: inline-block; width: 90%;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> No toilet in this apartment (house)         </div>
<b>26a. Does this apartment (house) have complete kitchen facilities? Complete kitchen facilities include a sink with piped water, a range or cookstove, and a refrigerator.</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">155</div> <div style="display: inline-block; width: 90%;"> <input type="checkbox"/> Yes has complete kitchen facilities – <i>GO to 26b</i>  <input type="checkbox"/> No, has some but not all facilities in this apartment (house) – <i>SKIP to 26c</i>  <input type="checkbox"/> No kitchen facilities in this apartment (house), but facilities available in building  <input type="checkbox"/> No kitchen facilities in this building         </div>
<b>b. Are these facilities for the exclusive use of this household or are they also for use by another household?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">156</div> <div style="display: inline-block; width: 90%;"> <input type="checkbox"/> For the exclusive use of this household  <input type="checkbox"/> Also for use by another household         </div>
<b>c. Are all the kitchen facilities in your apartment (house) functioning?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">157</div> <div style="display: inline-block; width: 90%;"> <input type="checkbox"/> Yes, all are functioning  <input type="checkbox"/> No, one or more is not working at all         </div>
<b>27. How is this apartment (house) heated – by fuel oil, utility gas, electricity, or with some other fuel?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">158</div> <div style="display: inline-block; width: 90%;"> <input type="checkbox"/> Fuel oil  <input type="checkbox"/> Utility gas  <input type="checkbox"/> Electricity  <input type="checkbox"/> Other fuel (including CON ED steam)  <input type="checkbox"/> Don't know         </div>
<b>28. I have some questions about utility costs.</b> <b>a. (1) Do you pay for your own electricity?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">159</div> <div style="display: inline-block; width: 90%;"> <input type="checkbox"/> Yes – <i>GO to 28a(2)</i>  <input type="checkbox"/> Yes, but combined with gas – <i>Ask for separate estimates; if not possible SKIP to 28c</i>  <input type="checkbox"/> No, included in rent, condominium or other fee – <i>SKIP to 28b(1)</i> </div>
<b>(2) What is the average MONTHLY cost?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">160</div> <div style="display: inline-block; width: 90%;">             \$ _____ . <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">00</div> </div>
<b>b. (1) Do you pay for your own gas?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">161</div> <div style="display: inline-block; width: 90%;"> <input type="checkbox"/> Yes – <i>GO to 28b(2)</i>  <input type="checkbox"/> No, included in rent, condominium or other fee  <input type="checkbox"/> No, gas not used         </div>
<b>(2) What is the average MONTHLY cost?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">162</div> <div style="display: inline-block; width: 90%;">             \$ _____ . <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">00</div> </div>
<b>IMPORTANT – SKIP 28c unless the respondent cannot provide separate estimates for electricity and gas, and pays a combined bill. If separate estimates are available, fill 28a(2) and 28b(2), leave 28c blank, and SKIP to 28d(1).</b>	
<b>c. What is your combined average electricity and gas payment each month?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">163</div> <div style="display: inline-block; width: 90%;">             \$ _____ . <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">00</div> </div>
<b>d. (1) Do you pay your own water and sewer charges?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">164</div> <div style="display: inline-block; width: 90%;"> <input type="checkbox"/> Yes – <i>GO to 28d(2)</i>  <input type="checkbox"/> No, included in rent, condominium or other fee or no charge – <i>SKIP to 28e(1)</i> </div>
<b>(2) What is the total YEARLY cost?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">165</div> <div style="display: inline-block; width: 90%;">             \$ _____ . <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">00</div> </div>
<b>e. (1) Do you pay for your own oil, coal, kerosene, wood, steam, etc.?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">166</div> <div style="display: inline-block; width: 90%;"> <input type="checkbox"/> Yes – <i>GO to 28e(2)</i>  <input type="checkbox"/> No, included in rent, condominium or other fee  <input type="checkbox"/> No, these fuels not used         </div>
<b>(2) What is the total YEARLY cost?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">167</div> <div style="display: inline-block; width: 90%;">             \$ _____ . <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">00</div> </div>

**Section I – OCCUPIED UNITS – Continued**

**CHECK  
ITEM F**

REFER TO QUESTION 9 ON PAGE 5

- |   |   |                             |
|---|---|-----------------------------|
| <input type="checkbox"/> Owner occupied (question 9a, box 1 marked)<br><input type="checkbox"/> Owns co-op shares (question 9b, box 1 marked)<br><input type="checkbox"/> Occupy rent free (question 9c, box 3 marked)<br><input type="checkbox"/> Pay cash rent (question 9c, box 2 marked) – GO to 29 | } | SKIP to 32a<br><br>GO to 29 |
|---|---|-----------------------------|

**29. What is the length of the lease on this apartment (house) – that is, the total time from when the lease began until it will expire?**

- 181
- |   |  |
|---|--|
| 1 | <input type="checkbox"/> Less than 1 year                  |
| 2 | <input type="checkbox"/> 1 year                            |
| 3 | <input type="checkbox"/> More than 1 but less than 2 years |
| 4 | <input type="checkbox"/> 2 years                           |
| 5 | <input type="checkbox"/> More than 2 years                 |
| 6 | <input type="checkbox"/> No lease                          |
| 7 | <input type="checkbox"/> Don't know                        |

**30a. What is the MONTHLY rent?**

*(If rent is paid other than monthly, refer to the manual on how to convert it.)*

182 \$ \_\_\_\_\_ . 00 Per month

**b. Is this apartment (house) under Rent Control or Rent Stabilization?**

- 183
- |   |   |
|---|---|
| 1 | <input type="checkbox"/> Under Rent Control       |
| 2 | <input type="checkbox"/> Under Rent Stabilization |
| 3 | <input type="checkbox"/> Neither of the above     |
| 4 | <input type="checkbox"/> Don't know               |

**31a. Is any part of the monthly rent for this apartment (house) paid by any of the following government programs, either to a member of this household or directly to the landlord?**

**(1) Federal Section 8 certificate or voucher program** .....

541

1 <input type="checkbox"/> Yes	00 <input type="checkbox"/> No	004 <input type="checkbox"/> Don't know
--------------------------------	--------------------------------	---

Since 19

**Has it ever since 1993?**

1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No

**(2) Public assistance shelter allowance program** .....

542

1 <input type="checkbox"/> Yes	00 <input type="checkbox"/> No	004 <input type="checkbox"/> Don't know
--------------------------------	--------------------------------	---

Since 19

**Has it ever since 1993?**

1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No

**(3) Senior Citizen Rent Increase Exemption (SCRIE)** .....

184

1 <input type="checkbox"/> Yes	00 <input type="checkbox"/> No	004 <input type="checkbox"/> Don't know
--------------------------------	--------------------------------	---

Since 19

**Has it ever since 1993?**

1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No

**(4) Another Federal housing subsidy program** .....

543

1 <input type="checkbox"/> Yes	00 <input type="checkbox"/> No	004 <input type="checkbox"/> Don't know
--------------------------------	--------------------------------	---

Since 19

**Has it ever since 1993?**

1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No

**(5) Another state or city housing subsidy program** .....

544

1 <input type="checkbox"/> Yes	00 <input type="checkbox"/> No	004 <input type="checkbox"/> Don't know
--------------------------------	--------------------------------	---

Since 19

**Has it ever since 1993?**

1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No

**b. Of the (amount from 30a) rent you reported, how much is paid out of pocket by this household?**

*(Out of pocket means the money your household pays for rent over and above any shelter allowance or other government housing subsidy.)*

547 \$ \_\_\_\_\_ . 00

0 ☐ None

**Section I – OCCUPIED UNITS – Continued**

<b>32a. Now, I would like to ask you some questions about the condition of this housing unit.</b>  <b>At any time during this winter was there a breakdown in your heating equipment; that is, was it completely unusable for 6 consecutive hours or longer?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">185</div> 0 <input type="checkbox"/> Yes – <i>GO to 32b</i> 1 <input type="checkbox"/> No – <i>SKIP to 33</i>
<b>b. How many times did that happen?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">186</div> 2 <input type="checkbox"/> One 3 <input type="checkbox"/> Two 4 <input type="checkbox"/> Three 5 <input type="checkbox"/> Four or more times
<b>33. During this winter when your regular heating system was working, did you, at any time, have to use additional sources of heat because your regular system did not provide enough heat? Additional sources may be the kitchen stove, a fireplace, or a portable heater.</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">187</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>34a. At any time in the last 90 days have you seen any mice or rats or signs of mice or rats in this building?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">188</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>b. Is this building serviced by an exterminator regularly, only when needed, irregularly, or not at all?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">189</div> 1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Only when needed 3 <input type="checkbox"/> Irregularly 4 <input type="checkbox"/> Not at all 5 <input type="checkbox"/> Don't know
<b>35a. Does this apartment (house) have open cracks or holes in the interior walls or ceiling? Do not include hairline cracks.</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">190</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>b. Does this apartment (house) have holes in the floors?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">191</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>36a. Is there any broken plaster or peeling paint on the ceiling or inside walls?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">192</div> 0 <input type="checkbox"/> Yes – <i>GO to 36b</i> 1 <input type="checkbox"/> No – <i>SKIP to 37</i>
<b>b. Is the area of broken plaster or peeling paint larger than 8½ inches by 11 inches?</b> <i>Show unfolded flashcard.</i>	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">193</div> 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
<b>37. Has water leaked into your apartment (house) in the last 12 months, excluding leaks resulting from your own plumbing fixtures backing up or overflowing?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">194</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>We are also interested in the condition of your neighborhood.</b>	
<b>38. Are there any boarded up buildings in this neighborhood?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">195</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>39. How would you rate the physical condition of the residential structures in this NEIGHBORHOOD – would you say they are on the whole excellent, good, fair, or poor?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">196</div> 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor

**Now in order to better understand the housing situation in the city, we need to learn something about the income, employment, and education level of each household member.**

Notes

















***Continue with questions for each person on page 12.***

Notes

## Section I – OCCUPIED UNITS – Continued

<b>CHECK ITEM G</b>  Ask questions 40a–50 of ALL household members age 15 and above. Refer to question 1c on page 2 for each person's age.	<b>40a. Did . . . work at any time last week?</b>	<b>b. How many hours did . . . work last week at all jobs?</b>  <i>(Subtract time off; add overtime or extra hours worked)</i>	<b>41. Was . . . TEMPORARILY absent or on layoff from a job last week?</b>	<b>42. Has . . . been doing anything to find work during the last four weeks?</b>
<b>601</b>  1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18	<b>201</b>  1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	<b>211</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; bottom: 0; left: 50%; transform: translate(-50%, 0); width: 1px; height: 100%;"></div> </div> Hours – SKIP to 45a	<b>221</b>  1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	<b>231</b>  1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
<b>602</b>  1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18	<b>202</b>  1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	<b>212</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; bottom: 0; left: 50%; transform: translate(-50%, 0); width: 1px; height: 100%;"></div> </div> Hours – SKIP to 45a	<b>222</b>  1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	<b>232</b>  1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
<b>603</b>  1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18	<b>203</b>  1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	<b>213</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; bottom: 0; left: 50%; transform: translate(-50%, 0); width: 1px; height: 100%;"></div> </div> Hours – SKIP to 45a	<b>223</b>  1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	<b>233</b>  1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
<b>604</b>  1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18	<b>204</b>  1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	<b>214</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; bottom: 0; left: 50%; transform: translate(-50%, 0); width: 1px; height: 100%;"></div> </div> Hours – SKIP to 45a	<b>224</b>  1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	<b>234</b>  1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
<b>605</b>  1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18	<b>205</b>  1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	<b>215</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; bottom: 0; left: 50%; transform: translate(-50%, 0); width: 1px; height: 100%;"></div> </div> Hours – SKIP to 45a	<b>225</b>  1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	<b>235</b>  1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
<b>606</b>  1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18	<b>206</b>  1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	<b>216</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; bottom: 0; left: 50%; transform: translate(-50%, 0); width: 1px; height: 100%;"></div> </div> Hours – SKIP to 45a	<b>226</b>  1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	<b>236</b>  1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
<b>607</b>  1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18	<b>207</b>  1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	<b>217</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; bottom: 0; left: 50%; transform: translate(-50%, 0); width: 1px; height: 100%;"></div> </div> Hours – SKIP to 45a	<b>227</b>  1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	<b>237</b>  1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
<b>608</b>  1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18	<b>208</b>  1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	<b>218</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; bottom: 0; left: 50%; transform: translate(-50%, 0); width: 1px; height: 100%;"></div> </div> Hours – SKIP to 45a	<b>228</b>  1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	<b>238</b>  1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No

## Section I – OCCUPIED UNITS – Continued

43. What is the main reason . . . is not looking for work?	44. When did . . . last work at his/her job or business?	The following questions ask about the job worked last week. If . . . had more than one job, describe the one . . . worked the most hours. If . . . didn't work, refer to the most recent job since 1994.		
		45a. For whom did . . . work? Print the name of the company, employer, business, or branch of armed services if on active duty.	b. What kind of business or industry is this? For example: hospital, newspaper publishing, garment manufacturing, stock brokerage.	c. Is this mainly manufacturing, wholesale trade, retail trade, or something else?
Show Flashcard IV and enter the code.  631	241 1 <input type="checkbox"/> 1999 2 <input type="checkbox"/> 1998 3 <input type="checkbox"/> 1994–1997 4 <input type="checkbox"/> 1993 or earlier 5 <input type="checkbox"/> Never worked GO to 45a SKIP to 49b		Describe the main activity at location where employed. 	251 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code.  632	242 1 <input type="checkbox"/> 1999 2 <input type="checkbox"/> 1998 3 <input type="checkbox"/> 1994–1997 4 <input type="checkbox"/> 1993 or earlier 5 <input type="checkbox"/> Never worked GO to 45a SKIP to 49b		Describe the main activity at location where employed. 	252 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code.  633	243 1 <input type="checkbox"/> 1999 2 <input type="checkbox"/> 1998 3 <input type="checkbox"/> 1994–1997 4 <input type="checkbox"/> 1993 or earlier 5 <input type="checkbox"/> Never worked GO to 45a SKIP to 49b		Describe the main activity at location where employed. 	253 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code.  634	244 1 <input type="checkbox"/> 1999 2 <input type="checkbox"/> 1998 3 <input type="checkbox"/> 1994–1997 4 <input type="checkbox"/> 1993 or earlier 5 <input type="checkbox"/> Never worked GO to 45a SKIP to 49b		Describe the main activity at location where employed. 	254 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code.  635	245 1 <input type="checkbox"/> 1999 2 <input type="checkbox"/> 1998 3 <input type="checkbox"/> 1994–1997 4 <input type="checkbox"/> 1993 or earlier 5 <input type="checkbox"/> Never worked GO to 45a SKIP to 49b		Describe the main activity at location where employed. 	255 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code.  636	246 1 <input type="checkbox"/> 1999 2 <input type="checkbox"/> 1998 3 <input type="checkbox"/> 1994–1997 4 <input type="checkbox"/> 1993 or earlier 5 <input type="checkbox"/> Never worked GO to 45a SKIP to 49b		Describe the main activity at location where employed. 	256 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code.  637	247 1 <input type="checkbox"/> 1999 2 <input type="checkbox"/> 1998 3 <input type="checkbox"/> 1994–1997 4 <input type="checkbox"/> 1993 or earlier 5 <input type="checkbox"/> Never worked GO to 45a SKIP to 49b		Describe the main activity at location where employed. 	257 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code.  638	248 1 <input type="checkbox"/> 1999 2 <input type="checkbox"/> 1998 3 <input type="checkbox"/> 1994–1997 4 <input type="checkbox"/> 1993 or earlier 5 <input type="checkbox"/> Never worked GO to 45a SKIP to 49b		Describe the main activity at location where employed. 	258 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)

## Section I – OCCUPIED UNITS – Continued

<b>46a. What kind of work was . . . doing, that is what's his/her occupation?</b> <i>For example: registered nurse, personnel manager, seamstress, stockbroker.</i>	<b>b. What are . . . 's usual activities at this job?</b> <i>For example: patient care, directing hiring policies, stitching pants, selling stock.</i>	<b>OFFICE USE ONLY</b>	
		Industry	Occupation
<hr/> <hr/>	<hr/> <hr/>	<div>261</div> <div>Code</div>	<div>271</div> <div>Code</div>
<hr/> <hr/>	<hr/> <hr/>	<div>262</div> <div>Code</div>	<div>272</div> <div>Code</div>
<hr/> <hr/>	<hr/> <hr/>	<div>263</div> <div>Code</div>	<div>273</div> <div>Code</div>
<hr/> <hr/>	<hr/> <hr/>	<div>264</div> <div>Code</div>	<div>274</div> <div>Code</div>
<hr/> <hr/>	<hr/> <hr/>	<div>265</div> <div>Code</div>	<div>275</div> <div>Code</div>
<hr/> <hr/>	<hr/> <hr/>	<div>266</div> <div>Code</div>	<div>276</div> <div>Code</div>
<hr/> <hr/>	<hr/> <hr/>	<div>267</div> <div>Code</div>	<div>277</div> <div>Code</div>
<hr/> <hr/>	<hr/> <hr/>	<div>268</div> <div>Code</div>	<div>278</div> <div>Code</div>

**Section I – OCCUPIED UNITS – Continued**

<b>47. What type of business or organization does . . . work at?</b>  <i>Read all categories unless the answer is apparent from the information given in question 45, then mark (X) the appropriate box.</i>	<b>48a. How many weeks did . . . work in 1998?</b>  <i>Count paid vacation, paid sick leave, and military service.</i>	<b>b. How many hours did . . . usually work each week in 1998?</b>
<b>281</b> 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	<b>291</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Weeks or 00 <input type="checkbox"/> None – <i>SKIP to 49b</i>	<b>301</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Hours
<b>282</b> 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	<b>292</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Weeks or 00 <input type="checkbox"/> None – <i>SKIP to 49b</i>	<b>302</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Hours
<b>283</b> 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	<b>293</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Weeks or 00 <input type="checkbox"/> None – <i>SKIP to 49b</i>	<b>303</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Hours
<b>284</b> 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	<b>294</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Weeks or 00 <input type="checkbox"/> None – <i>SKIP to 49b</i>	<b>304</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Hours
<b>285</b> 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	<b>295</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Weeks or 00 <input type="checkbox"/> None – <i>SKIP to 49b</i>	<b>305</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Hours
<b>286</b> 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	<b>296</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Weeks or 00 <input type="checkbox"/> None – <i>SKIP to 49b</i>	<b>306</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Hours
<b>287</b> 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	<b>297</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Weeks or 00 <input type="checkbox"/> None – <i>SKIP to 49b</i>	<b>307</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Hours
<b>288</b> 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	<b>298</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Weeks or 00 <input type="checkbox"/> None – <i>SKIP to 49b</i>	<b>308</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Hours

**Section I - OCCUPIED UNITS - Continued**

**The following questions are about income received during 1998?** *If an exact amount is not known, accept a best estimate. If there was a net loss in b or c, mark the "Loss" box and enter the dollar amount of the loss.*

<b>49a. Did . . . earn income from wages, salary, commissions, bonuses, or tips?</b>	<b>b. Did . . . earn any income from (his/her) own farm or nonfarm business, proprietorship, or partnership?</b>	<b>c. Did . . . receive any interest, dividends, net rental or royalty income, or income from estates and trusts? Include even small amounts credited to an account.</b>
<input type="checkbox"/> Yes - <b>How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items</b> <input checked="" type="checkbox"/> <div>311 \$ <input type="text" value="00"/></div> <div>312 1 <input type="checkbox"/> No</div>	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> <input checked="" type="checkbox"/> <div>331 \$ <input type="text" value="00"/></div> <div>332 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>	<input type="checkbox"/> Yes - <b>How much?</b> <input checked="" type="checkbox"/> <div>351 \$ <input type="text" value="00"/></div> <div>352 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>
<input type="checkbox"/> Yes - <b>How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items</b> <input checked="" type="checkbox"/> <div>313 \$ <input type="text" value="00"/></div> <div>314 1 <input type="checkbox"/> No</div>	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> <input checked="" type="checkbox"/> <div>333 \$ <input type="text" value="00"/></div> <div>334 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>	<input type="checkbox"/> Yes - <b>How much?</b> <input checked="" type="checkbox"/> <div>353 \$ <input type="text" value="00"/></div> <div>354 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>
<input type="checkbox"/> Yes - <b>How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items</b> <input checked="" type="checkbox"/> <div>315 \$ <input type="text" value="00"/></div> <div>316 1 <input type="checkbox"/> No</div>	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> <input checked="" type="checkbox"/> <div>335 \$ <input type="text" value="00"/></div> <div>336 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>	<input type="checkbox"/> Yes - <b>How much?</b> <input checked="" type="checkbox"/> <div>355 \$ <input type="text" value="00"/></div> <div>356 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>
<input type="checkbox"/> Yes - <b>How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items</b> <input checked="" type="checkbox"/> <div>317 \$ <input type="text" value="00"/></div> <div>318 1 <input type="checkbox"/> No</div>	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> <input checked="" type="checkbox"/> <div>337 \$ <input type="text" value="00"/></div> <div>338 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>	<input type="checkbox"/> Yes - <b>How much?</b> <input checked="" type="checkbox"/> <div>357 \$ <input type="text" value="00"/></div> <div>358 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>
<input type="checkbox"/> Yes - <b>How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items</b> <input checked="" type="checkbox"/> <div>319 \$ <input type="text" value="00"/></div> <div>320 1 <input type="checkbox"/> No</div>	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> <input checked="" type="checkbox"/> <div>339 \$ <input type="text" value="00"/></div> <div>340 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>	<input type="checkbox"/> Yes - <b>How much?</b> <input checked="" type="checkbox"/> <div>359 \$ <input type="text" value="00"/></div> <div>360 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>
<input type="checkbox"/> Yes - <b>How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items</b> <input checked="" type="checkbox"/> <div>321 \$ <input type="text" value="00"/></div> <div>322 1 <input type="checkbox"/> No</div>	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> <input checked="" type="checkbox"/> <div>341 \$ <input type="text" value="00"/></div> <div>342 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>	<input type="checkbox"/> Yes - <b>How much?</b> <input checked="" type="checkbox"/> <div>361 \$ <input type="text" value="00"/></div> <div>362 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>
<input type="checkbox"/> Yes - <b>How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items</b> <input checked="" type="checkbox"/> <div>323 \$ <input type="text" value="00"/></div> <div>324 1 <input type="checkbox"/> No</div>	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> <input checked="" type="checkbox"/> <div>343 \$ <input type="text" value="00"/></div> <div>344 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>	<input type="checkbox"/> Yes - <b>How much?</b> <input checked="" type="checkbox"/> <div>363 \$ <input type="text" value="00"/></div> <div>364 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>
<input type="checkbox"/> Yes - <b>How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items</b> <input checked="" type="checkbox"/> <div>325 \$ <input type="text" value="00"/></div> <div>326 1 <input type="checkbox"/> No</div>	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> <input checked="" type="checkbox"/> <div>345 \$ <input type="text" value="00"/></div> <div>346 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>	<input type="checkbox"/> Yes - <b>How much?</b> <input checked="" type="checkbox"/> <div>365 \$ <input type="text" value="00"/></div> <div>366 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div>

## Section I – OCCUPIED UNITS – Continued

**49d. Did . . . receive any Social Security or Railroad Retirement payments? Include payments as a retired worker, dependent, or disabled worker.**

☐ Yes – **How much?** ☐

371 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

372 1 ☐ No

☐ Yes – **How much?** ☐

373 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

374 1 ☐ No

☐ Yes – **How much?** ☐

375 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

376 1 ☐ No

☐ Yes – **How much?** ☐

377 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

378 1 ☐ No

☐ Yes – **How much?** ☐

379 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

380 1 ☐ No

☐ Yes – **How much?** ☐

381 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

382 1 ☐ No

☐ Yes – **How much?** ☐

383 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

384 1 ☐ No

☐ Yes – **How much?** ☐

385 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

386 1 ☐ No

**e. Did . . . receive any income from government programs for Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Home Relief, Safety Net, or any other public assistance or public welfare payments, including shelter allowance?**

☐ Yes – **How much?** ☐

391 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

392 1 ☐ No

☐ Yes – **How much?** ☐

393 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

394 1 ☐ No

☐ Yes – **How much?** ☐

395 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

396 1 ☐ No

☐ Yes – **How much?** ☐

397 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

398 1 ☐ No

☐ Yes – **How much?** ☐

399 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

400 1 ☐ No

☐ Yes – **How much?** ☐

401 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

402 1 ☐ No

☐ Yes – **How much?** ☐

403 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

404 1 ☐ No

☐ Yes – **How much?** ☐

405 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

406 1 ☐ No

**f. Did . . . receive any income from retirement, survivor, or disability pensions? Include payments from companies, unions, Federal, State, or local governments and the U.S. military. Do NOT include Social Security.**

☐ Yes – **How much?** ☐

411 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

412 1 ☐ No

☐ Yes – **How much?** ☐

413 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

414 1 ☐ No

☐ Yes – **How much?** ☐

415 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

416 1 ☐ No

☐ Yes – **How much?** ☐

417 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

418 1 ☐ No

☐ Yes – **How much?** ☐

419 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

420 1 ☐ No

☐ Yes – **How much?** ☐

421 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

422 1 ☐ No

☐ Yes – **How much?** ☐

423 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

424 1 ☐ No

☐ Yes – **How much?** ☐

425 \$ \_\_\_\_\_ 00  
Annual amount – Dollars

426 1 ☐ No

**Section I – OCCUPIED UNITS – Continued**

<b>49g. Did . . . receive any income from Veterans' (VA) payments, unemployment compensation, child support, alimony, or any other regular source of income?</b>  <b>Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.</b>	<b>50. How much school has . . . completed?</b>	<div style="border: 1px solid black; padding: 2px;"><b>CHECK ITEM H</b></div> Is this the last person listed?
<input type="checkbox"/> Yes – <b>How much?</b>  <div style="display: flex; justify-content: space-between;"> <span><b>431</b> \$ _____</span> <span><div style="border: 1px solid black; width: 30px; text-align: center;">00</div></span> </div> Annual amount – Dollars <b>432</b> 1 <input type="checkbox"/> No	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>471</b> 01 <input type="checkbox"/> No school completed                      02 <input type="checkbox"/> Up to 6th grade                      03 <input type="checkbox"/> 7th or 8th grade                      04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma                      05 <input type="checkbox"/> H.S. diploma                 </div> <div style="width: 48%;">                     06 <input type="checkbox"/> Some college but no degree                      07 <input type="checkbox"/> Associate degree                      08 <input type="checkbox"/> College graduate                      09 <input type="checkbox"/> Some graduate/professional training                      10 <input type="checkbox"/> Graduate/professional degree                 </div> </div>	<input type="checkbox"/> Yes – <i>GO to 51</i> <input type="checkbox"/> No – <i>Return to Check Item G on page 12 for the next person</i>
<input type="checkbox"/> Yes – <b>How much?</b>  <div style="display: flex; justify-content: space-between;"> <span><b>433</b> \$ _____</span> <span><div style="border: 1px solid black; width: 30px; text-align: center;">00</div></span> </div> Annual amount – Dollars <b>434</b> 1 <input type="checkbox"/> No	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>472</b> 01 <input type="checkbox"/> No school completed                      02 <input type="checkbox"/> Up to 6th grade                      03 <input type="checkbox"/> 7th or 8th grade                      04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma                      05 <input type="checkbox"/> H.S. diploma                 </div> <div style="width: 48%;">                     06 <input type="checkbox"/> Some college but no degree                      07 <input type="checkbox"/> Associate degree                      08 <input type="checkbox"/> College graduate                      09 <input type="checkbox"/> Some graduate/professional training                      10 <input type="checkbox"/> Graduate/professional degree                 </div> </div>	<input type="checkbox"/> Yes – <i>GO to 51</i> <input type="checkbox"/> No – <i>Return to Check Item G on page 12 for the next person</i>
<input type="checkbox"/> Yes – <b>How much?</b>  <div style="display: flex; justify-content: space-between;"> <span><b>435</b> \$ _____</span> <span><div style="border: 1px solid black; width: 30px; text-align: center;">00</div></span> </div> Annual amount – Dollars <b>436</b> 1 <input type="checkbox"/> No	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>473</b> 01 <input type="checkbox"/> No school completed                      02 <input type="checkbox"/> Up to 6th grade                      03 <input type="checkbox"/> 7th or 8th grade                      04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma                      05 <input type="checkbox"/> H.S. diploma                 </div> <div style="width: 48%;">                     06 <input type="checkbox"/> Some college but no degree                      07 <input type="checkbox"/> Associate degree                      08 <input type="checkbox"/> College graduate                      09 <input type="checkbox"/> Some graduate/professional training                      10 <input type="checkbox"/> Graduate/professional degree                 </div> </div>	<input type="checkbox"/> Yes – <i>GO to 51</i> <input type="checkbox"/> No – <i>Return to Check Item G on page 12 for the next person</i>
<input type="checkbox"/> Yes – <b>How much?</b>  <div style="display: flex; justify-content: space-between;"> <span><b>437</b> \$ _____</span> <span><div style="border: 1px solid black; width: 30px; text-align: center;">00</div></span> </div> Annual amount – Dollars <b>438</b> 1 <input type="checkbox"/> No	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>474</b> 01 <input type="checkbox"/> No school completed                      02 <input type="checkbox"/> Up to 6th grade                      03 <input type="checkbox"/> 7th or 8th grade                      04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma                      05 <input type="checkbox"/> H.S. diploma                 </div> <div style="width: 48%;">                     06 <input type="checkbox"/> Some college but no degree                      07 <input type="checkbox"/> Associate degree                      08 <input type="checkbox"/> College graduate                      09 <input type="checkbox"/> Some graduate/professional training                      10 <input type="checkbox"/> Graduate/professional degree                 </div> </div>	<input type="checkbox"/> Yes – <i>GO to 51</i> <input type="checkbox"/> No – <i>Return to Check Item G on page 12 for the next person</i>
<input type="checkbox"/> Yes – <b>How much?</b>  <div style="display: flex; justify-content: space-between;"> <span><b>439</b> \$ _____</span> <span><div style="border: 1px solid black; width: 30px; text-align: center;">00</div></span> </div> Annual amount – Dollars <b>440</b> 1 <input type="checkbox"/> No	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>475</b> 01 <input type="checkbox"/> No school completed                      02 <input type="checkbox"/> Up to 6th grade                      03 <input type="checkbox"/> 7th or 8th grade                      04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma                      05 <input type="checkbox"/> H.S. diploma                 </div> <div style="width: 48%;">                     06 <input type="checkbox"/> Some college but no degree                      07 <input type="checkbox"/> Associate degree                      08 <input type="checkbox"/> College graduate                      09 <input type="checkbox"/> Some graduate/professional training                      10 <input type="checkbox"/> Graduate/professional degree                 </div> </div>	<input type="checkbox"/> Yes – <i>GO to 51</i> <input type="checkbox"/> No – <i>Return to Check Item G on page 12 for the next person</i>
<input type="checkbox"/> Yes – <b>How much?</b>  <div style="display: flex; justify-content: space-between;"> <span><b>441</b> \$ _____</span> <span><div style="border: 1px solid black; width: 30px; text-align: center;">00</div></span> </div> Annual amount – Dollars <b>442</b> 1 <input type="checkbox"/> No	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>476</b> 01 <input type="checkbox"/> No school completed                      02 <input type="checkbox"/> Up to 6th grade                      03 <input type="checkbox"/> 7th or 8th grade                      04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma                      05 <input type="checkbox"/> H.S. diploma                 </div> <div style="width: 48%;">                     06 <input type="checkbox"/> Some college but no degree                      07 <input type="checkbox"/> Associate degree                      08 <input type="checkbox"/> College graduate                      09 <input type="checkbox"/> Some graduate/professional training                      10 <input type="checkbox"/> Graduate/professional degree                 </div> </div>	<input type="checkbox"/> Yes – <i>GO to 51</i> <input type="checkbox"/> No – <i>Return to Check Item G on page 12 for the next person</i>
<input type="checkbox"/> Yes – <b>How much?</b>  <div style="display: flex; justify-content: space-between;"> <span><b>443</b> \$ _____</span> <span><div style="border: 1px solid black; width: 30px; text-align: center;">00</div></span> </div> Annual amount – Dollars <b>444</b> 1 <input type="checkbox"/> No	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>477</b> 01 <input type="checkbox"/> No school completed                      02 <input type="checkbox"/> Up to 6th grade                      03 <input type="checkbox"/> 7th or 8th grade                      04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma                      05 <input type="checkbox"/> H.S. diploma                 </div> <div style="width: 48%;">                     06 <input type="checkbox"/> Some college but no degree                      07 <input type="checkbox"/> Associate degree                      08 <input type="checkbox"/> College graduate                      09 <input type="checkbox"/> Some graduate/professional training                      10 <input type="checkbox"/> Graduate/professional degree                 </div> </div>	<input type="checkbox"/> Yes – <i>GO to 51</i> <input type="checkbox"/> No – <i>Return to Check Item G on page 12 for the next person</i>
<input type="checkbox"/> Yes – <b>How much?</b>  <div style="display: flex; justify-content: space-between;"> <span><b>445</b> \$ _____</span> <span><div style="border: 1px solid black; width: 30px; text-align: center;">00</div></span> </div> Annual amount – Dollars <b>446</b> 1 <input type="checkbox"/> No	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>478</b> 01 <input type="checkbox"/> No school completed                      02 <input type="checkbox"/> Up to 6th grade                      03 <input type="checkbox"/> 7th or 8th grade                      04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma                      05 <input type="checkbox"/> H.S. diploma                 </div> <div style="width: 48%;">                     06 <input type="checkbox"/> Some college but no degree                      07 <input type="checkbox"/> Associate degree                      08 <input type="checkbox"/> College graduate                      09 <input type="checkbox"/> Some graduate/professional training                      10 <input type="checkbox"/> Graduate/professional degree                 </div> </div>	<input type="checkbox"/> Yes – <i>GO to 51</i> <input type="checkbox"/> No – <i>GO to Check Item G on page 3 of form H-100C for the next person</i>

**Section I – OCCUPIED UNITS – Continued**

**51. Does anyone in this household (including children under age 15) receive public assistance or welfare payments from any of the following?**

**a. Temporary Assistance for Needy Families (TANF), or Family Assistance (previously called AFDC) . . . . .**

**548** 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

**b. Safety Net, also called Home Relief . . . . .**

**549** 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

**c. Supplemental Security Income (SSI), including aid to the blind or disabled . . . . .**

**550** 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

**d. Other – Specify *z* . . . . .**

**551** 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

**CHECK  
ITEM I**

*REFER TO QUESTION 7a FOR THE REFERENCE PERSON*

- ☐ Born in New York City (box 9 marked) – *SKIP to closing statement below.*
- ☐ Born in U.S. outside New York City (box 10 marked) – *SKIP to 53*
- ☐ Born outside U.S. (box 11–24 marked) – *Go to 52a*

**52a. Did . . . (reference person) move to the United States as an immigrant?**

**560** 1 ☐ Yes  
2 ☐ No

**b. In what year did . . . (reference person) move to the United States?**

**561** **1** **9**

**53. In what year did . . . (reference person) move to New York City? (most recent move if more than one)**

**562** **1** **9**    – *SKIP to closing statement below.*

**54.–57. OFFICE USE ONLY**

*CLOSING STATEMENT*

**Thank you for answering the survey questions. Before I turn it in, I'll review this form to make certain I didn't skip anything. If I did, it would be easier to call you back rather than return here. Would you please give me your phone number in case I need to follow-up.**

Area code      Number

**029**

**END INTERVIEW . Fill items N and O on the front cover.**

Notes

Section II – VACANT UNITS	
<b>58. If this apartment (house) is occupied, will it be the first occupancy since its construction, gut rehabilitation, or creation through conversion?</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px 5px;">518</div> <div> <input type="checkbox"/> 1 Yes, first occupancy  <input type="checkbox"/> 2 No, previously occupied  <input type="checkbox"/> 3 Don't know         </div> </div>
<b>NOTE</b> – Questions 59–61a, 62a and 62b pertain to the building. Be certain to mark (X) the same box for each form in the same building.	
<b>59. How many units are in this building?</b>  <i>If the respondent doesn't know, canvass the building and count the units.</i>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px 5px;">519</div> <div> <input type="checkbox"/> 01 1 unit without business  <input type="checkbox"/> 02 1 unit with business  <input type="checkbox"/> 03 2 units without business  <input type="checkbox"/> 04 2 units with business  <input type="checkbox"/> 05 3 units  <input type="checkbox"/> 06 4 or 5 units  <input type="checkbox"/> 07 6 to 9 units  <input type="checkbox"/> 08 10 to 12 units  <input type="checkbox"/> 09 13 to 19 units  <input type="checkbox"/> 10 20 to 49 units  <input type="checkbox"/> 11 50 to 99 units  <input type="checkbox"/> 12 100 to 199 units  <input type="checkbox"/> 13 200 or more units         </div> </div>
<b>60. Does the owner of this building live in this building?</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px 5px;">520</div> <div> <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No  <input type="checkbox"/> 3 Don't know         </div> </div>
<b>61a. How many stories are in this building?</b>  <i>Count the basement if there are people living in it.</i>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px 5px;">521</div> <div> <input type="checkbox"/> 01 One – <i>SKIP to 62c</i>  <input type="checkbox"/> 02 Two  <input type="checkbox"/> 03 Three  <input type="checkbox"/> 04 Four  <input type="checkbox"/> 05 Five  <input type="checkbox"/> 06 Six to ten  <input type="checkbox"/> 07 11 to 20  <input type="checkbox"/> 08 21 to 40  <input type="checkbox"/> 09 41 or more         </div> </div>
<b>b. On what floor number is this unit?</b> <i>Enter the 2-digit floor number or mark (X) box "0" if basement unit. Enter the lowest floor number if on more than one floor.</i>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px 5px;">554</div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 20px;"> </div> </div> <div style="margin-top: 5px;">Floor</div> </div> </div>
<b>62a. Is there a passenger elevator in this building?</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px 5px;">522</div> <div> <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No – <i>SKIP to 62c</i> </div> </div>
<b>b. Is it possible to go from the sidewalk to a passenger elevator without going up or down any steps or stairs?</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px 5px;">553</div> <div> <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No  <input type="checkbox"/> 3 Don't know         </div> </div>
<b>c. Is it possible to go from the sidewalk to this unit without going up or down any steps or stairs?</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px 5px;">555</div> <div> <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No  <input type="checkbox"/> 3 Don't know         </div> </div>
<b>63a. How many rooms are in this apartment (house)? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px 5px;">523</div> <div> <input type="checkbox"/> 1 One – <i>SKIP to 64a</i>  <input type="checkbox"/> 2 Two  <input type="checkbox"/> 3 Three  <input type="checkbox"/> 4 Four  <input type="checkbox"/> 5 Five  <input type="checkbox"/> 6 Six  <input type="checkbox"/> 7 Seven  <input type="checkbox"/> 8 Eight or more         </div> </div>
<b>b. Of these rooms, how many are bedrooms?</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px 5px;">524</div> <div> <input type="checkbox"/> 01 None  <input type="checkbox"/> 02 One  <input type="checkbox"/> 03 Two  <input type="checkbox"/> 04 Three  <input type="checkbox"/> 05 Four  <input type="checkbox"/> 06 Five  <input type="checkbox"/> 07 Six  <input type="checkbox"/> 08 Seven  <input type="checkbox"/> 09 Eight or more         </div> </div>
Notes	

## Section II – VACANT UNITS – Continued

<b>64a. Does this apartment (house) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">525</div> <div> <input type="checkbox"/> Yes, has complete plumbing facilities – <i>GO to 64b</i>  <input type="checkbox"/> No, has some but not all facilities in this apartment (house)  <input type="checkbox"/> No plumbing facilities in this apartment (house) </div> </div> <div style="position: relative; height: 40px;"> <span style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-size: 3em;">}</span> <span style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-weight: bold;">SKIP to 65a</span> </div>
<b>b. Are these facilities for the exclusive use of the intended occupants of this apartment (house) or are they also intended for use by the occupants of another apartment (house)?</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">526</div> <div> <input type="checkbox"/> For the exclusive use of the intended occupants of this apartment (house)  <input type="checkbox"/> Also intended for use by the occupants of another apartment (house) </div> </div>
<b>65a. Does this apartment (house) have complete kitchen facilities? Complete kitchen facilities include a sink with piped water, a range or cookstove, and a refrigerator.</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">527</div> <div> <input type="checkbox"/> Yes, has complete kitchen facilities – <i>GO to 65b</i>  <input type="checkbox"/> No, has some but not all facilities in this apartment (house)  <input type="checkbox"/> No kitchen facilities in this apartment (house), but facilities available in building  <input type="checkbox"/> No kitchen facilities in this building </div> </div> <div style="position: relative; height: 40px;"> <span style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-size: 3em;">}</span> <span style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-weight: bold;">SKIP to 66</span> </div>
<b>b. Are these facilities for the exclusive use of the intended occupants of this apartment (house) or are they also intended for use by the occupants of another apartment (house)?</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">528</div> <div> <input type="checkbox"/> For the exclusive use of the intended occupants of this apartment (house)  <input type="checkbox"/> Also intended for use by the occupants of another apartment (house) </div> </div>
<b>66. How is this apartment (house) heated – by fuel oil, utility gas, electricity, or with some other fuel?</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">529</div> <div> <input type="checkbox"/> Fuel oil  <input type="checkbox"/> Utility gas  <input type="checkbox"/> Electricity  <input type="checkbox"/> Other fuel (including CON ED steam)  <input type="checkbox"/> Don't know </div> </div>
<b>67. Is this apartment (house) part of a condominium or cooperative building or development?</b>  <i>A condominium is a building or development with individually owned apartments or houses having commonly owned areas and grounds. A cooperative or co-op is a building or development that is owned by its shareholders.</i>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">530</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes, a condominium  <input type="checkbox"/> Yes, a cooperative  <input type="checkbox"/> Don't know </div> </div>
<b>68. How long has this apartment (house) been vacant?</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">531</div> <div> <input type="checkbox"/> Less than 1 month  <input type="checkbox"/> 1 up to 2 months  <input type="checkbox"/> 2 up to 3 months  <input type="checkbox"/> 3 up to 6 months  <input type="checkbox"/> 6 up to 12 months  <input type="checkbox"/> 1 year or more </div> </div>
<b>69a. Before this apartment (house) became vacant was it owner or renter occupied?</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">532</div> <div> <input type="checkbox"/> Owner occupied  <input type="checkbox"/> Renter occupied  <input type="checkbox"/> Never previously occupied  <input type="checkbox"/> Don't know </div> </div>
<b>b. Before this apartment (house) became vacant was it part of a condominium or cooperative building or development?</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">533</div> <div> <input type="checkbox"/> No  <input type="checkbox"/> Yes, a condominium  <input type="checkbox"/> Yes, a cooperative  <input type="checkbox"/> Don't know </div> </div>

Notes

## Section II – VACANT UNITS – Continued

### 70. Is this apartment (house) –

534

- 1 ☐ Available for rent? – *SKIP to 72*  
 2 ☐ Available for sale only? – *SKIP to closing statement below.*  
 3 ☐ Not available for rent or sale? – *GO to 71*

### 71. What are the reasons that this apartment (house) is not available for sale or rent?

List all reasons mentioned, and then be sure to mark (X) ONLY one box for the primary reason.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

535

- 01 ☐ Rented, not yet occupied  
 02 ☐ Sold, not yet occupied  
 03 ☐ Unit or building is undergoing renovation  
 04 ☐ Unit or building is awaiting renovation  
 05 ☐ Being converted to nonresidential purposes  
 06 ☐ There is a legal dispute involving the unit  
 07 ☐ Being converted or awaiting conversion to condominium or cooperative  
 08 ☐ Held for occasional, seasonal, or recreational use  
 09 ☐ The owner cannot rent or sell at this time due to personal problems (e.g. age or illness)  
 10 ☐ Being held pending sale of building  
 11 ☐ Being held for planned demolition  
 12 ☐ Held for other reasons – *Specify* \_\_\_\_\_

SKIP to closing statement below.

### 72. What is the MONTHLY asking rent?

(If rent is paid other than monthly, refer to the manual on how to convert it.)

INTERVIEWER: If the respondent indicates that the monthly rent for the vacant unit is based upon the income of the tenant – ask for a rent range such as \$700–\$800. Then enter the midpoint of the range; in this case \$750.

536

\$ \_\_\_\_\_ . 00 Per month

### CLOSING STATEMENT

**Thank you for answering the survey questions. Before I turn it in, I'll review this form to make certain I didn't skip anything. If I did, it would be easier to call you back rather than return here. Would you please give me your phone number in case I need to follow-up.**

Area code      Number

029            –

**END INTERVIEW. Fill item N on the front cover.**

Notes